

If working with six Presidents has taught me anything about leadership, it is that the world is not divided into good guys and bad guys. Human nature is not that simple.

We all have the capacity for insecurity, prejudice and fear. It is to this darker side that the demagogue plays.

Each of us can also evince strength, tolerance and compassion, and it is on these "better angels of our nature" that the leader calls.

I am making my decision public today, more than a year before the next election, to ensure plenty of time for voters and—brace yourselves—potential candidates to assess its consequences.

At the same time, I want to underscore my commitment to our full plate of issues for the coming year.

When I see assaults on education, child nutrition and Medicaid; plans to revive Star Wars, build B-2 Bombers and legalize corporate raids on employee pension funds; and "reforms" that increase taxes only on people with annual incomes under \$30,000; you can be assured that my voice will be as strong as ever.

I will continue to affirm our highest priorities—restoring shipbuilding to the Quincy Shipyard and cleaning up toxic pollution at the Massachusetts Military Reservation.

I will give special attention—as a Member of Congress, and then as a private citizen—to realizing our dream of making the Boston Harbor Islands a national park.

And as one who marched 30 years ago with Dr. King from Selma to Montgomery, I will advance, in every way I can, the cause of civil rights for all Americans—black and white, gay and straight.

When confronted each day by life's crises, there are always two basic responses—despair or determination. Despair sometimes seems more logical, but determination is far more productive and far better for the soul.

Many of my colleagues were shocked when, nearly ten years ago, I sent a copy of Surgeon General Koop's Report on AIDS to every household in this District. (That, incidentally would be moot today; aside from curtailing use of the Congressional frank, the House recently voted to abolish altogether the position of Surgeon General.)

I did so because 20,000 American—including 800 Massachusetts residents—had already died from the epidemic. President Reagan had yet to even utter the name of the disease, and Dr. Koop was told to let his life-saving information gather dust on a warehouse shelf.

Too many people in my own life have been touched by HIV. For Dean and me, there are periods of time when our most common social gatherings are funerals of friends who have died far too young.

The concerns of the gay community, like those of a Congressman who happens to be gay, are far broader than AIDS. To me, however, it is impossible to look back at the last quarter-century, or ahead to the next, without considering why this public health emergency has been handled so negligently.

My colleagues called the District-wide mailing political suicide—until I started sharing the overwhelming response. What you told me was, "What took so long?"

This constituency has always had a keen understanding that actions in Washington have consequences at home—that if you gut environmental protections, you can smell and taste dirty air and water in Plymouth and Yarmouth; that if you decimate education programs, kids in Brockton and Wellfleet may never be able to afford college; that if you are too timid, too closeted or too bigoted to confront a public health epidemic, you could pull the plug on AIDS housing in Provincetown and Marshfield.

At one Open Meeting in New Bedford, one young man got up, visibly shaking. He said that his wife had lost her job and that he was scared to death of losing his own: "You've got to do something," he said. "I've got kids. How am I going to stand it?"

Apologizing for taking too much time, he then added that he wanted to leave me with a letter. It wasn't until later that I read it—an impassioned plea to stop U.S. involvement in El Salvador.

It was a demonstration, reflected over and over across this Congressional District, of people's capacity not simply to experience their own pain, but to reach out and see beyond it.

I'll never forget the words of the Mayor of Cordova, Alaska, at a Congressional hearing on the oil spill in Prince William Sound. He told members of the Subcommittee that the two most beautiful places in the world were his home—and each of ours. "Whatever you do," he said, "go back and never let what happened here occur where you're from."

This District is a microcosm of the nation—rich in human resources and rich in human problems. We are cities and suburbs, countryside and islands—and we are a living reminder of the origins of us all, with a substantial and continuing immigration of new Americans, whether they arrive speaking Portuguese or Vietnamese.

Never has an elected representative been so blessed by the beauty of his District and by the decency and common sense of his constituents. You have stood with me in times of triumph and in times of extraordinary personal challenge. For that I am profoundly grateful.

In turn, you and I both owe another debt of thanks to a small number of remarkable people whose labor, by definition, goes unnoticed and unheralded. The truth, however, is that so very much of the real work is done by—and the real credit for the considerable success we have enjoyed belongs to—the members of my staff.

I could not name a single accomplishment over the last two decades that would have come to fruition without the competence, creativity and sweat of these dedicated individuals. They are devoted public servants, who spend inhuman numbers of hours to see that the potential of this region is realized in the federal arena. These are my friends and my colleagues, whom it has been a privilege to work beside. They have meant more to the cities and towns of this District than will ever be fully acknowledged.

As I gathered my thoughts to chat with you today, I thought a lot about an Island resident who taught many of us about things of lasting value, Henry Beetle Hough. Because my favorite of his book was "Tuesday Will Be Different," I would always ask him whether he was really sure the next one would be different.

As if this surprises anyone, Henry now gets the last word. For me at least, the first Tuesday of November 1996 will be very different indeed.

For the privilege of being allowed to speak and vote in your name—for the last 23 years and over the next 14 months—I thank you with all my heart.

GEORGIA MEDICARE ADVISORY GROUP, SENIOR CITIZEN TASK FORCE REPORT FINDINGS

HON. NEWT GINGRICH

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 19, 1995

Mr. GINGRICH. Mr. Speaker, in the Sixth District of Georgia, we formed a Medicare Ad-

visory Group and a Senior Citizens Task Force to help make policy recommendations to preserve the Medicare Program. Part of the learning process for us was developing a Communications Team that went out to the people of the Sixth District and asked for their ideas based on first-hand experiences. Our findings were not surprising, but were different from what we had heard from those who had initiated a scare campaign against seniors.

The truth was that when the public knew the facts, they overwhelmingly supported Republican efforts to reform Medicare. One finding that you will not hear the scare tacticians using is that 79 percent of those we asked believe that seniors should have greater choices in health care. Compare the findings which the Communications Team presented to me on July 9, 1995, with our Medicare Preservation Act of 1995, and you will see that our plan reflects the beliefs of a majority of those we polled.

I am submitting for the CONGRESSIONAL RECORD the findings of the Report that I believe represent what my colleagues are hearing all over the Nation.

MEDICARE ADVISORY GROUP AND SENIOR CITIZEN TASK FORCE COMMUNICATIONS TEAM SUMMARY REPORT

In July 1995 Congressman Newt Gingrich appointed a group of citizens to The Georgia Sixth District Medicare Advisory Group and Senior Citizens Task Force. The purpose of the group was to obtain grass roots input and feedback on issues related to strengthening and improving Medicare, thereby allowing the citizenry to be actively involved in upcoming legislation related to Medicare.

The group was composed of thirty-eight constituents, consisting of the following:

1. Senior citizens;
2. Doctors, nurses and other health care providers with experience in dealing with Medicare and with senior citizens;
3. Senior service experts, particularly directors or representatives of community-based programs, such as senior service centers;
4. Government officials familiar with the current Medicare program;
5. Representatives from private industries who could provide knowledge regarding medical costs or novel solutions, particularly employing innovative technology; and
6. Volunteers and advocates for senior citizens.

The entire group met with Congressman Gingrich on four occasions, to ask questions and to provide feedback to him. Following their initial meeting with Congressman Gingrich, it was decided by the group members that they would divide into four working groups, which would meet separately, to tackle the four areas they considered most vital. These were: Medicare Fraud, Medical Technology, Alternatives to Medicare, and Communication. Each group reviewed information and sought input from citizens throughout the district, prior to producing and submitting its final report to Congressman Gingrich on September 9, 1995.

The Communication working group was made up of 12 members, 6 of whom were senior citizens. The group was chaired by Laura Linn, a registered nurse currently employed as a clinical specialist.

The group developed a questionnaire, which they administered to 565 seniors throughout the Sixth District. In order to collect data, several senior centers throughout the Sixth District were visited. In addition to administering the questionnaire, the group also made available a letter from Congressman Gingrich and a Contract with Seniors. Those materials, along with results of

the questionnaire, are included with this report.

An analysis of the questionnaire results reveal the following:

a) More than 75% of those questioned knew that Medicare was going bankrupt;

b) More than 75% were very concerned about Medicare going bankrupt, and more than 93% thought that Congress should take steps to save Medicare;

c) In terms of the changes that should be made, 67.8% said that some changes should be made but that the program should be preserved, while 11.2% wanted a complete redesign. Only 10% thought that there should be no changes in the current program;

d) While 48% preferred getting a Medicare policy directly from the government, 15% would approve of a voucher or check to purchase private insurance and nearly 37% were undecided;

e) More than half favored reduction in payments to hospitals and doctors and thought that seniors should receive incentives for identifying fraud;

f) Personally 77.2% would be willing to check their bills for fraud and abuse, 53.5% would be willing to engage in preventive and educational programs to stay healthy, and 47.5% would be willing to engage in cost-pricing to locate the most economical, quality provider;

g) Nearly 75% thought that fraud and abuse is a serious problem that needs to be addressed when Congress reforms Medicare, while 52.7% thought that lack of incentives for finding affordable care is a serious problem in the current system;

h) While 16% claim that they always shop for economical treatment, 55% said that they would if there were incentives for doing so;

i) Seventy-nine percent of respondents believe that senior citizens should have greater choice in their medical care programs, assuming that Medicare would be one of those choices.

The Communications group presented these findings to Congressman Newt Gingrich on July 9, 1995. Reports from the Medicare Fraud, Medical Technology and Alternatives to Medicare groups were also presented at that time. All information was reviewed by health care policy staff and considered in the drafting of subsequent Medicare legislation.

A CONTRACT WITH OUR SENIORS TO SAVE, STRENGTHEN AND PRESERVE MEDICARE

1. The Clinton administration's trustee's report warns the Medicare Trust Fund starts to go broke next year. The Program is Bankrupt by 2002.

2. The House Republicans will save, strengthen, and preserve Medicare through new technologies, new management and new approaches.

3. Medicare is growing at 10.5% a year, more than twice the rate of private health care spending. We can make Medicare solvent by slowing the rate of growth.

4. We will increase Medicare spending over 7 years from \$4,800 per beneficiary today to \$6,700 in 2002.

5. Medicare and Medicaid are government-run health care programs filled with waste and fraud—tens of billions a year (GAO). We'll crack down on this waste.

6. And we'll empower seniors to fight waste and fraud if we pay them a share of any waste they find in their own bills.

7. We will preserve the current Medicare system for those who want it.

8. We will engage in a dialogue with seniors since we believe the best ideas come from the Grass Roots.

9. Together we can create a system that offers the best care at the lowest cost with

seniors having the greatest control over their own health care.

TOGETHER WE WILL STRENGTHEN MEDICARE SO IT CAN BE SAVED AND PRESERVED

SAVING, STRENGTHENING & PRESERVING MEDICARE are.

Gender of Sample=35.8% Male; 45.3% Female; 18.9% No response.

1. Did you know that President Clinton's Board of Trustees reported that Medicare will be bankrupt by the year 2002?

A. Yes 75.9%
B. No 19.6%
No response 4.4%

2. How concerned are you about Medicare going bankrupt?

A. Very concerned 75.2%
B. Somewhat concerned 13.5%
C. Not concerned at all 3.5%
D. Undecided 4.2%
No response 3.5%

3. Do you think that Congress should try to save Medicare?

A. Yes 93.1%
B. No 1.2%
C. Undecided 2.8%
No response 2.8%

4. Do you think that Congress should (check one):

A. Completely redesign Medicare 11.2%
B. Make some changes in Medicare but preserve the program 67.8%
C. Leave Medicare alone, even though it is going broke 10.1%
D. Undecided 5.3%
No response 5.5%

5. Would you prefer to (check one):

A. Get a Medicare policy directly from the government 48.3%
B. Receive a check or voucher to purchase private insurance 15%
C. Undecided 28.5%
No response 8.1%

6. In order to save Medicare, which of the following would you favor (check all that apply):

A. Have wealthy senior citizens pay a higher premium 37%
B. Reduce payments to physicians and hospitals for care they provide 50.4%
C. Provide incentives for seniors to join managed health care plans 24.4%
D. Provide seniors with incentives for locating fraud and abuse in their bills 59.1%
E. Raise the premiums for all Medicare recipients 15.4%

F. Raise payroll taxes 9.6%

G. Reduce benefits offered to seniors 5.7%

H. Raise the age of Medicare eligibility from 65 to 67 beginning in the year 2000. 34.5%

7. In order to save Medicare would you personally be willing to (check all that apply):

A. Check your bill for fraud and abuse 77.2%

B. Engage in preventive or educational programs to learn how to stay healthy 53.5%

C. Engage in cost-pricing to locate the most economical, quality provider 47.5%

D. Pay more money in terms of higher taxes or premiums 11%

8. As Congress looks at improving Medicare, what do you think are serious problems that ought to be addressed (check all that apply):

A. Excessive amounts of paperwork 62.8%
B. Inability to understand rules/regulations 43.7%

C. Fraud and abuse 74.3%

D. Lack of incentives for seniors to locate affordable care 52.7%

E. Issues related to long-term care 52.7%

9. Do you ordinarily check your Medicare bills for accuracy?

A. Yes 77.9%
B. No 11.3%
No response 10.8%

10. How often do you find out the cost of Medicare procedures prior to having them done?

A. Always 19.3%
B. Usually 21.4%
C. Occasionally 20.5%
D. Never 25.7%
No response 13.1%

11. How often do you shop for more economical treatment of comparable quality?

A. Always 16.6%
B. Usually 16.5%
C. Occasionally 17.5%
D. Never 34.3%
No response 15%

12. If you were rewarded monetarily for finding more affordable treatment of comparable quality, would you?

A. Yes 55%
B. No 11.5%
C. Undecided 19.8%
No response 13.6%

13. Have you ever suspected fraud or abuse on your Medicare bills?

A. Yes 38.5%
B. No 48.5%
No response 12.6%

14. If you find instances of billing errors on Medicare bills, do you do anything to rectify the situation? (If so, give details and the usual outcome)

A. Always 31.9%
B. Usually 14%
C. Occasionally 10.1%
D. Never 12.4%
E. Not applicable 16.5%
No response 15.6%

15. Would you try to locate and report instances of fraud and abuse on your Medicare bills, if there was a financial incentive for doing so?

A. Yes 72%
B. No 6.9%
C. Undecided 9%
No response 12%

16. Do you think that senior citizens should have greater choice in their medical care programs, assuming that Medicare is one of the choices?

A. Yes 79.5%
B. No 4.2%
C. Undecided 7.8%
No response 8.5%

17. What are your major concerns regarding health care?

18. If you could tell Newt one thing about saving Medicare what would that be?

KILDEE HONORS LOCAL SCHOOL BOARDS

HON. DALE E. KILDEE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 19, 1995

Mr. KILDEE. Mr. Speaker, in January, 1996 we will be celebrating national School Board Recognition Month in this country. In honor of this occasion I rise today to pay tribute to the contributions local school boards make to our education system.

As a nation we place a high premium on the benefits to be gained from pursuing educational goals. Local school board members are elected by the community to ensure that everyone is given the opportunity for self-improvement through education. School boards seek community input and involvement in the education process. They are the liaison between the community and our schools. The members of school boards have accepted the responsibility of shaping the education of future generations and thereby the future of our